

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION RSN TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	9	09/08/2017	J2 MARKET
Follow-up		TIME IN	TIME OUT
Complaint		10:30 AM	11:40 AM
Investigation	RATING	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	A	170001372	J2 CORPORATION
ESTABLISHMENT TYPE	AREA	TELEPHONE	LOCATION (Address)
RETAIL	4	734-2580	#290 ROUTE 10, MANGILAO
No. of Risk Factor/Intervention Violations	1	RISK CATEGORY	
No. of Repeat Risk Factor/Intervention Violations	0		2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status	COS	R	PTS
Supervision			
1 <input type="radio"/> IN <input type="radio"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 <input type="radio"/> IN <input type="radio"/> OUT			6
Management awareness, policy present			
3 <input type="radio"/> IN <input type="radio"/> OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Hands clean and properly washed			
7 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 <input type="radio"/> IN <input type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 <input type="radio"/> IN <input type="radio"/> OUT			6
Food obtained from approved source			
10 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Food received at proper temperature			
11 <input type="radio"/> IN <input type="radio"/> OUT			6
Food in good condition, safe, and unadulterated			
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> COS N/O			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 <input type="radio"/> IN <input type="radio"/> OUT N/A			6
Food separated and protected			
14 <input type="radio"/> IN <input type="radio"/> OUT N/A			6
Food contact surfaces, cleaned & sanitized			
15 <input type="radio"/> IN <input type="radio"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			

Compliance Status	COS	R	PTS
Potentially Hazardous Food (TCS Food)			
16 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A N/O			6
Proper cooking time and temperatures			
17 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A N/O			6
Proper reheating procedures for hot holding			
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A N/O			6
Proper cooling time and temperatures			
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A N/O			6
Proper hot holding temperatures			
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Proper cold holding temperatures			
21 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A N/O			6
Proper date marking and disposition			
Consumer Advisory			
22 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Pasteurized foods used; prohibited foods not offered			
Chemical			
24 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food additives: approved and properly used			
25 <input type="radio"/> IN <input type="radio"/> OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status	COS	R	PTS
Safe Food and Water			
27 <input type="checkbox"/>			1
Pasteurized eggs used where required			
28 <input type="checkbox"/>			2
Water and ice from approved source			
29 <input type="checkbox"/>			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30 <input type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control			
31 <input type="checkbox"/>			1
Plant food properly cooked for hot holding			
32 <input type="checkbox"/>			1
Approved thawing methods used			
33 <input type="checkbox"/>			1
Thermometer provided and accurate			
Food Identification			
34 <input type="checkbox"/>			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 <input type="checkbox"/>			2
Insects, rodents, and animals not present			
36 <input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display			
37 <input type="checkbox"/>			1
Personal cleanliness			
38 <input type="checkbox"/>			1
Wiping cloths: properly used and stored			
39 <input type="checkbox"/>			1
Washing fruits and vegetables			

Compliance Status	COS	R	PTS
Proper Use of Utensils			
40 <input type="checkbox"/>			1
In-use utensils: properly stored			
41 <input type="checkbox"/>			1
Utensils, equipment and linens: properly stored, dried, handled			
42 <input type="checkbox"/>			1
Single-use/single-service articles: properly stored, used			
43 <input type="checkbox"/>			1
Gloves used properly			
Utensils, Equipment and Vending			
44 <input type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input type="checkbox"/>			1
Warewashing facilities: installed, maintained, used; test strips			
46 <input type="checkbox"/>			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 <input type="checkbox"/>			2
Hot & cold water available, adequate pressure			
48 <input type="checkbox"/>			2
Plumbing installed; proper backflow devices			
49 <input type="checkbox"/>			2
Sewage and wastewater properly disposed			
50 <input type="checkbox"/>			2
Toilet facilities: properly constructed, supplied, & cleaned			
51 <input type="checkbox"/>			2
Garbage/refuse properly disposed; facilities maintained			
52 <input type="checkbox"/>			1
Physical facilities installed, maintained, and clean			
53 <input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54 <input type="checkbox"/>			2
Sanitary Permit, Health Certificates valid and posted			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) CATHY LEE
 DEH Inspector (Print and Sign) LEILANI NAVARRO, EPHOI

Date: 9/8/17
 Follow-up (Circle one): YES NO Follow-up Date: 09/18/17

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME J2 MARKET		LOCATION (Address) #290 ROUTE 10, MANGILAO
INSPECTION DATE 09 / 08 / 2017	SANITARY PERMIT NO. 170001372	PERMIT HOLDER J2 CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
EGG SANDWICH / CHILLER	71.0		
TUNA SANDWICH / CHILLER	74.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 08/29/17. ALL PREVIOUS VIOLATIONS OF ITEMS # 2, 13, 33, 36, AND 40 WERE CORRECTED. HOWEVER, VIOLATIONS OF ITEMS # 34 AND 52 ARE STILL UNCORRECTED AS DESCRIBED BELOW, AND THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:	
20	POTENTIALLY HAZARDOUS FOOD (PHF)/TIME AND TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS SUCH AS EGG SANDWICH AND TUNA SANDWICH NOT MEETING INTERNAL TEMPERATURE REQUIREMENT FOR COLD-HOLDING. ALL ITEMS IN THE CHILLER WERE DISCARDED. PHF/TCS FOOD SHALL BE KEPT AT PROPER INTERNAL TEMPERATURE OF 41°F OR BELOW FOR COLD HOLDING TO LIMIT PATHOGEN GROWTH.	09/18/17
33	AMBIENT AIR THERMOMETER FOR SMALL CHILLER NOT PROVIDED. THERMOMETER SHALL BE PROVIDED TO FACILITATE MONITORING OF AMBIENT TEMPERATURE OF CHILLERS.	10/08/17
34	PICKLED FOODS NOT IN ORIGINAL CONTAINER AND NOT PROPERLY LABELED FOOD SHALL BE PROPERLY LABELED TO ENSURE PROPER IDENTIFICATION.	09/28/17
52	SCRAPWOOD AND OTHER CONSTRUCTION MATERIALS/EQUIPMENT STILL PRESENT	09/28/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) CATHY. LEE	Date: 9/8/017
DEH Inspector (Print and Sign) LOLANI NAVARRO, GPH I	Date: 09/08/17

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LOCATION (Address)
290 ROUTE 10, MANGILAO

PERMIT HOLDER JR CORPORATION

**CORRECT
BY DATE**

IN THE STORAGE ROOM.

PHYSICAL FACILITIES SHALL BE FREE FROM UNNECESSARY ITEMS TO PREVENT HARBOURAGE OF PESTS.

PICTURES OF VIOLATIONS WERE TAKEN.

REMOVED "B" PLACARD NO. 00806.

ISSUED "A" PLACARD NO. 02JW.

DISCUSSED THIS REPORT WITH PIC, CATTY LEE.

Date: 9/8/07

Date: 09/08/17

RE-INSPECTION REQUEST

TO: Division of Environmental, DPHSS
Facsimile No. (671) 734-5556 or (671) 300-9577

FROM:

J2 MARKET

ESTABLISHMENT NAME

J2 CORPORATION

OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 08/29/17 by L. NAYTRU (300-9550)
Date Name of EPHO Inspector

resulting a letter grade of 17/B. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
#2	LOOKED OVER THE EMPLOYEE POLICY, AGREED AND SIGNED.
#13	CLEANING SOLUTION AND CHEMICALS REMOVED FROM STORAGE AND ARE BEING STORED IN BATHROOM
#33	FOOD THERMOMETER (THERMOMETER NSF) PURCHASED AND AVAILABLE IN THE STORE.
#34	CANDIES AND PICKLED FOOD ON THE COUNTER WITHOUT ORIGINAL CONTAINER ARE NOW LABELED WITH TAGS.
#36	FOOD AND DRINKS THAT WERE STORED ON THE FLOOR ARE NOW BEING STORED SIX INCHES FROM THE FLOOR
#40	TONGS AND UTENSILS FOR PICKLES ARE STORED IN LUKEWARM WATER AND CHANGE WATER EVERY 4 HOURS
#52	CARDBOARD REMOVED AND HAS BEEN THROWN AWAY. SCRAPWOOD AND OTHER NECESSARY ITEMS IN THE STORAGE

ROOM HAVE BEEN REMOVE AND THROWN AWAY. CLOSED THE OPENING ON WALL
I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience. NEAR THE CHILLERS.

If you should have any questions, please call me at _____. Thank you.

PRINT NAME

SIGNATURE

DATE